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CONFIRMATION NO. 2334

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10/501,668	04/20/2005 RULE	705	4155	13908

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/00364 01/15/2003

**** FOREIGN APPLICATIONS *******

GERMANY 102 01 257.1 01/15/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged /EDWARD B WINSTON III/ Examiner's Signature		Initials	SWITZERLAND	1	20	1

ADDRESS

Orum & Roth
 53 West Jackson Boulevard
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TITLE

Method and device for securing patient data

FILING FEE RECEIVED 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit